

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

IN THE MATTER OF

☐ Amended

**Petition for**

☐ Temporary Guardianship

☐ Permanent Guardianship

**Due to Incompetency**

Case No. \_\_\_\_\_

Date of Birth \_\_\_\_\_

**FOR TEMPORARY AND/OR PERMANENT GUARDIANSHIPS (Complete #1 through #12)**

**UNDER OATH, I STATE THAT:**

1. I am interested as:

- ☐ a relative. I am related to the individual as: \_\_\_\_\_
- ☐ a public official. My authority to act as petitioner is: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

2. This petition is filed in:

- ☐ the county of residence of the individual.
- ☐ the county in which the individual is physically present.
- ☐ Other: \_\_\_\_\_

3. The residence of the individual is in \_\_\_\_\_ County, State of \_\_\_\_\_, and individual's post-office address is: \_\_\_\_\_

4. The name and post-office address of the person or institution, if any, that has care and custody of the individual or the facility, if any, that is providing care to the individual is:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Post-office Address: \_\_\_\_\_

☐ This petition for guardianship is being filed prior to transfer of the individual directly from a hospital to a nursing facility or community-based residential facility under §50.06, Wisconsin Statutes.

5. **I have exercised due diligence to locate all interested parties.** The names and post office addresses of all interested parties (including the petitioner) and all others entitled to notice are as follows: ☐ **See attached**

NAME

RELATIONSHIP

POST-OFFICE ADDRESS

☐ 6. The individual, if married, ☐ does ☐ does not have children who are not of the current marriage.

7. The individual:

☐ does ☐ does not have a current, valid financial durable power of attorney ☐ activated.

Name, address and phone: \_\_\_\_\_

☐ does ☐ does not have a current, valid power of attorney for health care ☐ activated.

Name, address and phone: \_\_\_\_\_

☐ does ☐ does not have other advance planning to avoid guardianship.

If the above-named powers of attorney or advanced planning exist, guardianship is still necessary because: \_\_\_\_\_

☐ **See attached**

8. I am ☐ not aware ☐ aware of a guardianship or conservatorship or related proceeding or ordered proceeding involving the individual in another state or county. The details of the guardianship, conservatorship, or related proceedings of which I am aware are as follows: ☐ **See attached**

☐ guardian or conservator appointed in Wisconsin (Name and county where appointed): \_\_\_\_\_

☐ guardian or conservator appointed out-of-state (Name and state where appointed): \_\_\_\_\_

9. ☐ A. A report of examination by a physician or psychologist:
- ☐ is being filed at this time.
  - ☐ will be filed **at least 96 hours** before the hearing.
  - ☐ will be provided by testimony or report at hearing for temporary guardianship.
- ☐ B. Certificate of Administrator (or representative) of U.S. Department of Veterans Affairs is being filed at this time.

10. The following person is nominated as guardian: ☐ **See attached**

Type of Guardian		Name & Address	Phone
Guardian of the	Person		
Guardian of the	Estate		
Temporary Guardian of the	Person		
Temporary Guardian of the	Estate		
Standby Guardian of the	Person		
Standby Guardian of the	Estate		

11. A sworn and notarized Statement of Acts by Proposed Guardian and Consent to Serve:

- ☐ accompanies this petition.
- ☐ will be filed **at least 96 hours** before the hearing.
- ☐ will be provided, if required for temporary guardianship.

12. A. The approximate value of individual's property is: ☐ **See attached**

General Description	Amounts	General Description	Amounts
Cash/Bank Accounts:	\$	Other Liquid Assets:	\$
Real estate:	\$	Other Assets:	\$

- B. Assets of individual previously derived from or benefits of individual now due and payable from U.S. Department of Veterans Affairs are:

☐ none ☐ \_\_\_\_\_ ☐ **See attached**

- C. The individual is receiving public benefits, including medical assistance, SSI, SSDI or long term community options program benefits: ☐ No ☐ Yes, type and amount: \_\_\_\_\_

- D. Any other claim, income, compensation, pension, insurance or allowance to which the individual may be entitled is ☐ none. ☐ as follows: ☐ **See attached**

General Description	Amounts (monthly)	General Description	Amounts (monthly)
Social security	\$	Investment Income	\$
Pension	\$	Other:	\$
Disability	\$	Other:	\$

☐ **FOR PERMANENT GUARDIANSHIP (Complete #13 through #16)**

13. The individual is alleged to be incompetent as a result of the following impairment:

- ☐ a developmental disability.
- ☐ serious and persistent mental illness.
- ☐ degenerative brain disorder.
- ☐ other like incapacities.

A guardian is requested to be appointed for the individual **based upon the following standards:**

- A. The individual will be at least 17 years and 9 months of age as of the date of the hearing.
- B. The individual's need for assistance in decision-making or communication is unable to be met effectively and less restrictively through appropriate and reasonably available training, education, support services, health care, assistive devices, or other means that the individual will accept.
- ☐ C. For purposes of appointment of **guardian of the person**, because of impairment, the individual is unable effectively to receive and evaluate information or to make or communicate decisions to such extent that the individual is unable to meet the essential requirements for the individual's physical health and safety.
- ☐ D. For purposes of appointment of **guardian of the estate**, because of an impairment, the individual is unable effectively to receive and evaluate information or to make or communicate decisions related to management of the individual's property or financial affairs, to the extent that at least one of the following applies:
  - 1. The individual has property that will be dissipated in whole or in part; or
  - 2. The individual is unable to provide for the individual's support; or
  - 3. The individual is unable to prevent financial exploitation.

14. The specific nature of the individual's alleged incapacity is as follows: ☐ See attached

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☐ 15. **GUARDIAN OF THE PERSON**

I request the court to appoint a permanent guardian of the person because the individual lacks evaluative capacity in full or in part to exercise specific rights.

A. **Rights to be removed in full.**

**If removed, these rights may not be exercised by any person.**

I request that the court declare the individual has incapacity to exercise one or more of the following rights and remove such right:

- ☐ 1. Right to execute a will.
- ☐ 2. Right to serve on a jury.
- ☐ 3. Right to register to vote or to vote in an election.

B. **Rights to be removed or exercised by individual with consent of Guardian of Person.**

**If removed, these rights may not be exercised by any person. If a right is to be affected, the box to the far left must be marked. Marking only box (1) or (2) has no effect and the individual retains the right.**

I request that the court declare the individual has incapacity to exercise one or more of the following rights and remove such right or order that the individual retain the right to exercise the right only with consent of the guardian of the person.

☐ a. Right to consent to marriage:

**Choose (1) or (2):**

- ☐ (1) declare the individual has incapacity to exercise this right.
- ☐ (2) order that the individual retain the right to exercise this right only with consent of the guardian of the person.

☐ b. Right to apply for an operator's license, a hunting, fishing or other license issued under ch. 29, or a credential as defined in §440.01(2), Wisconsin Statutes: \_\_\_\_\_

**Choose (1) or (2):**

- ☐ (1) declare the individual has incapacity to exercise this right.
- ☐ (2) order that the individual retain the right to exercise this right only with consent of the guardian of the person.

☐ c. Right to consent to sterilization.

**Choose (1) or (2):**

- ☐ (1) declare the individual has incapacity to exercise this right.
- ☐ (2) order that the individual retain the right to exercise this right only with consent of the guardian of the person.

☐ d. Right to consent to organ, tissue, or bone marrow donation.

**Choose (1) or (2):**

- ☐ (1) declare the individual has incapacity to exercise this right.

- ☐ (2) order that the individual retain the right to exercise this right only with consent of the guardian of the person.

C. **Powers to be transferred to Guardian of the Person in part or in full.**

**If a power is to be affected, the box to the far left must be marked. Marking only box (1) or (2) has no effect and the individual retains the power.**

- 1) I request the court to appoint a permanent guardian of the person.
- 2) The individual lacks evaluative capacity in part or in full to exercise specific powers requested to be transferred to the guardian as follows:
  - ☐ ab. Except as otherwise limited by Wisconsin Statute 54.25(2)(d)2.ab., the power to give an informed consent to the voluntary receipt by the guardian's ward of a medical examination, medication, including any appropriate psychotropic medication, and medical treatment that is in the ward's best interest, if the guardian has first made a good-faith attempt to discuss with the ward the voluntary receipt of the examination, medication, or treatment and if the ward does not protest.

**Choose (1) or (2):**

☐ (1) Individual retains limited capacity and the power to: \_\_\_\_\_.  
Guardian of the person to exercise power not retained by individual.

☐ (2) Individual lacks evaluative capacity in full. Guardian of the person to exercise full power.
  - ☐ ac. Except as otherwise limited by Wisconsin Statute 54.25(2)(d)2.ac., the power to give informed consent, if in the ward's best interests, to the involuntary administration of a medical examination, medication other than psychotropic medication, and medical treatment that is in the ward's best interest.

**Choose (1) or (2):**

☐ (1) Individual retains limited capacity and the power to: \_\_\_\_\_.  
Guardian of the person to exercise power not retained by individual.

☐ (2) Individual lacks evaluative capacity in full. Guardian of the person to exercise full power.
  - ☐ b. The power to authorize individual's participation in an accredited or certified research project if the research project might help the individual, or others if minimal risk of harm.

**Choose (1) or (2):**

☐ (1) Individual retains limited capacity and the power to: \_\_\_\_\_.  
Guardian of the person to exercise power not retained by individual.

☐ (2) Individual lacks evaluative capacity in full. Guardian of the person to exercise full power.
  - ☐ c. The power to authorize individual's participation in research that might not help the individual but might help others if greater than minimal risk of harm to the individual but evidence indicates individual would have elected to participate.

**Choose (1) or (2):**

☐ (1) Individual retains limited capacity and the power to: \_\_\_\_\_.  
Guardian of the person to exercise power not retained by individual.

☐ (2) Individual lacks evaluative capacity in full. Guardian of the person to exercise full power.
  - ☐ d. The power to consent to experimental treatment in the individual's best interests.

**Choose (1) or (2):**

☐ (1) Individual retains limited capacity and the power to: \_\_\_\_\_.  
Guardian of the person to exercise power not retained by individual.

☐ (2) Individual lacks evaluative capacity in full. Guardian of the person to exercise full power.
  - ☐ e. The power to give informed consent to receipt by individual of social and supported living services.

**Choose (1) or (2):**

☐ (1) Individual retains limited capacity and the power to: \_\_\_\_\_.  
Guardian of the person to exercise power not retained by individual.

☐ (2) Individual lacks evaluative capacity in full. Guardian of the person to exercise full power.
  - ☐ f. The power to give informed consent to release of confidential records other than court, treatment, and patient health care records and redisclosure as appropriate.

**Choose (1) or (2):**

☐ (1) Individual retains limited capacity and the power to: \_\_\_\_\_.  
Guardian of the person to exercise power not retained by individual.

☐ (2) Individual lacks evaluative capacity in full. Guardian of the person to exercise full power.
  - ☐ g. The power to make decisions related to mobility and travel.

**Choose (1) or (2):**

☐ (1) Individual retains limited capacity and the power to: \_\_\_\_\_.

- Guardian of the person to exercise power not retained by individual.
- ☐ (2) Individual lacks evaluative capacity in full. Guardian of the person to exercise full power.  
[Intentionally omitted to correspond with statute.]
- ☐ h. The power to choose providers of medical, social, and supported living services.  
**Choose (1) or (2):**  
☐ (1) Individual retains limited capacity and the power to: \_\_\_\_\_  
Guardian of the person to exercise power not retained by individual.  
☐ (2) Individual lacks evaluative capacity in full. Guardian of the person to exercise full power.
- ☐ j. The power to make decisions regarding educational and vocational placement and support services or employment.  
**Choose (1) or (2):**  
☐ (1) Individual retains limited capacity and the power to: \_\_\_\_\_  
Guardian of the person to exercise power not retained by individual.  
☐ (2) Individual lacks evaluative capacity in full. Guardian of the person to exercise full power.
- ☐ k. The power to make decisions regarding initiating a petition for termination of marriage.  
**Choose (1) or (2):**  
☐ (1) Individual retains limited capacity and the power to: \_\_\_\_\_  
Guardian of the person to exercise power not retained by individual.  
☐ (2) Individual lacks evaluative capacity in full. Guardian of the person to exercise full power.
- ☐ l. The power to receive all notices on behalf of individual.  
**Choose (1) or (2):**  
☐ (1) Individual retains limited capacity and the power to: \_\_\_\_\_  
Guardian of the person to exercise power not retained by individual.  
☐ (2) Individual lacks evaluative capacity in full. Guardian of the person to exercise full power.
- ☐ m. The power to act in all proceedings as an advocate of the individual, except the power to enter into a contract that binds the individual or the individual's property or to represent the individual in any legal proceedings pertaining to the property, unless the guardian of the person is also the guardian of the estate.  
**Choose (1) or (2):**  
☐ (1) Individual retains limited capacity and the power to: \_\_\_\_\_  
Guardian of the person to exercise power not retained by individual.  
☐ (2) Individual lacks evaluative capacity in full. Guardian of the person to exercise full power.
- ☐ n. The power to apply for protective placement or for commitment.  
**Choose (1) or (2):**  
☐ (1) Individual retains limited capacity and the power to: \_\_\_\_\_  
Guardian of the person to exercise power not retained by individual.  
☐ (2) Individual lacks evaluative capacity in full. Guardian of the person to exercise full power.
- ☐ o. The power to have custody of the individual, if an adult, and the power to have care, custody, and control of the individual, if a minor.  
**Choose (1) or (2):**  
☐ (1) Individual retains limited capacity and the power to: \_\_\_\_\_  
Guardian of the person to exercise power not retained by individual.  
☐ (2) Individual lacks evaluative capacity in full. Guardian of the person to exercise full power.
- ☐ p. other specific powers: \_\_\_\_\_

☐ See attached

☐ **16. GUARDIAN OF THE ESTATE**

I request the court:

- ☐ A. Appoint and authorize a permanent guardian of the estate to perform duties and exercise powers as follows:

**Choose one:**

- ☐ (1) **Most authority retained by ward, limited authority transferred to guardian:**  
Individual retains evaluative capacity except for the ability to perform a duty or exercise a power which is to be transferred to the guardian of the estate as follows: \_\_\_\_\_
- ☐ (2) **Limited authority retained by ward, most authority transferred to guardian:**  
Individual retains limited evaluative capacity and should retain the ability to perform a duty or exercise a power as follows: \_\_\_\_\_

Guardian of the estate is to perform the duties of a guardian of the estate under §54.19, and exercise the powers that do not require court approval under §54.20(3), except as retained by individual.

☐ (3) **Full authority transferred to guardian:**

Individual lacks evaluative capacity in full. Guardian of the estate is requested to perform the duties of a guardian of the estate under §54.19, and exercise the powers that do not require court approval under §54.20(3).

☐ B. Authorize the guardian of the estate to perform the following **additional powers** (other than to make gifts) that require court approval under §54.20(2): \_\_\_\_\_

☐ C. Direct that the guardian of the estate deposit the individual's funds of \$100,000 or less in an insured account of a bank, credit union, savings bank or savings and loan association in the name of the guardian and the ward, payable only upon further order of the court, and waive bond for the guardian of the estate.

☐ **17. ALTERNATIVE TO GUARDIANSHIP OF ESTATE FOR SMALL ESTATES**

I request the court to dispense with an appointment of a guardian of the estate and transfer the individual's funds of \$50,000 or less under one of the alternatives for small estates under §54.12(1), because the individual lacks evaluative capacity in full or in part: \_\_\_\_\_.

☐ **FOR TEMPORARY GUARDIANSHIPS (Complete #18 through #22):**

**18.** There has been no temporary guardianship of the individual in effect **within the last 90 days**.

**19.** The individual's particular situation, including the needs of the individual's dependents, if any, requires immediate appointment of a **temporary** guardian for the following specific reasons: ☐ **See attached**

**20.** I petition the court for the appointment of a temporary guardian with authority limited to those acts that are reasonably related to the reasons for appointment. The authority requested for the temporary guardian is as follows: ☐ **See attached**

☐ **21.** I petition the court to hold a hearing **within 48 hours**. Good cause exists to support this request for the following reasons: ☐ **See attached**

☐ **22.** A petition for appointment of a permanent guardian of the person or estate is **NOT** filed with this request because: ☐ **See attached**

☐ **23.** Additional requests: \_\_\_\_\_ ☐ **See attached**

**I REQUEST THE COURT:**

1. Order a hearing on this petition.
2. Make appropriate findings and appointments as requested above.
3. Award appropriate fees and costs.

Subscribed and sworn to before me

on \_\_\_\_\_

Notary Public/Court Official

My commission expires: \_\_\_\_\_

Petitioner

Name Printed or Typed

Address

Name of Attorney	
Address	
Telephone Number	Bar Number